3rd Nationwide Health Information Network Forum:
Prototype Demonstrations and Business Models
January 25-26, 2007
Grand Hyatt Washington

Thursday, January 25, 2007

7:30am – 8:30 am *Registration* Independence Foyer

8:30 am – 9:45am *Opening Plenary* Independence Ballroom A

Welcome

Robert M. Kolodner, MD, Interim National Coordinator for Health Information Technology, Office of the National Coordinator for Health Information Technology

Prototypes and Next Steps for the NHIN

John W. Loonsk, MD, Director, Office of Interoperability and Standards, Office of the National Coordinator for Health Information Technology

Introduction to Consortia Prototype Demonstrations

Brian Kelly, MD, Executive Director for Accenture's EHR Strategy
Jared Adair, Director Healthcare Strategies, Computer Sciences Corporation
Ginny Wagner, IBM Federal, NHIN Project Executive
Robert M. Cothren, PhD, Chief Scientist, Health Solutions, Northrop Grumman

9:45am – 10:00am *Break* Independence Foyer

10:00am – 12:30pm *Prototype Demonstrations*

1.1 Accenture Prototype Demonstration Independence I

Moderator: *Brian Kelly, MD, Executive Director for Accenture's EHR Strategy*
Presenters: *Martin Renwick, Program Director, NHIN Prototype, Accenture*
Scott Cullen, MD, Clinical Architect, NHIN Prototype, Accenture
Asad Khan, Technical Architect, NHIN Prototype, Accenture
Scott Brown, RPh, Pharmacy Director, Cabin Creek Health Center, West Virginia

Carol L. Steltenkamp, MD, MBA, Chief Medical Information Officer, University of Kentucky HealthCare

Accenture's prototype for the National Health Information Network is a large scale standards-based network that allows secure information sharing among hospitals, physician practices, pharmacies, nursing homes and laboratories. Built in close collaboration with ONC, leading technology partners and local health care providers, Accenture's solution integrates health information, insights and services around patients' needs. It is realistic, providing a viable approach even for geographies with embryonic technology and little or no integration. It is innovative, with data and semantic normalization that "make sense" of disparate pieces of information for the patient, the clinician and the public health official. And it is flexible, with an adaptable technical architecture that allows components of the NHIN to be built immediately, while still accommodating future policy and technology changes.

1.2 Northrop Grumman Prototype Demonstration Independence E

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Moderator: *Wendell Ocasio, MD, Senior Clinical Systems Architect, Northrop Grumman*

Presenters: *Robert Keet, MD, President, Western Medical Associates*
Gregory Reicks, DO, President, Mesa County Physicians IPA, Chairman, Quality Health Network
Edward Marx, Chief Information Officer, University Hospitals, Cleveland
Victor Nwadiogbu, Architect/Lead, CDC Message Brokering, Northrop Grumman
Harry Greenspun, MD, Chief Medical Officer, Health Solutions, Northrop Grumman

The Consortium led by Northrop Grumman will demonstrate how multiple network service providers can operate together using a real-time canonical data model and health IT standards to realize nationwide exchange among health information communities. Our health care markets span the country and implement varying architectures and business plans, with varying levels of maturity. Our solution includes translation services to lower the bar for participation while promoting national standards, and a PHR approach and patient permissions registry that truly enables consumer participation in and control over information exchange. It demonstrates how national stakeholders such as RxHub and CDC can participate at the national level to enhance efficiency and reduce cost of

implementation, thereby enhancing local ROI. Today's demonstration will utilize two real-world scenarios to illustrate information flow among three health care markets and the CDC, connecting to actual live, production patient care systems in two of our markets and the staging test system in the third.

12:30pm – 2:00pm *Lunch*

2:00pm – 4:30pm *Prototype Demonstrations*

2.1 Computer Sciences Corporation Prototype Demonstration
Independence F

Moderator: *Greg DeBor, Partner, Global Health Solutions, Computer Sciences Corporation*

Presenters: *Patricia A. George, Director, Application Delivery, Information Technology Services, Boston Medical Center*
Kenneth D. Mandl, MD, MPH, Faculty, Children's Hospital Informatics Program at Harvard-MIT Division of Health Sciences and Technology, Assistant Professor, Harvard Medical School
J. Marc Overhage, MD, PhD, FACP, FACMI, President and CEO, Indiana Health Information Exchange, Professor of Medicine, Indiana University School of Medicine, Director, Regenstrief Institute
Greg Wenneson, Technical Project Manager, MendocinoHRE

The Computer Sciences Corporation (CSC) – Connecting for Health (CFH) team presents an open, distributed Nationwide Health Information Network solution. Our open-standards based, "thin" NHIN approach is based on the CFH Common Framework policy principles, guidelines, and technical specifications for electronically sharing health information, while protecting privacy and securing personal information.

Our prototype reveals the flexibility and scope of our solution by connecting three demographically and technologically diverse health markets - the Mendocino Health Records Exchange (HRE) in Mendocino, California; the Indiana Health Information Exchange (IHIE) in Indianapolis, Indiana; and the Massachusetts Simplifying Healthcare Amongst Regional Entities (MA-SHARE) in Boston Massachusetts – as well as several nationwide data providers. The participants in the three healthcare markets represent a diverse set of provider organizations,

including independent physicians, safety-net institutions, hospitals, and many others.

Our NHIN "network of networks" model uses a streamlined, cost-effective approach with low barriers to entry. Participating networks must agree to comply with a Common Framework that includes communication protocols, privacy policies and security standards. Any entity that complies with the CFH Common Framework standards and policies can participate in data sharing under this model. It therefore has no preferred service operators, is vendor neutral and can be implemented based on local needs and determinants. This network model does not require the centralization of clinical information; clinical information is held by organizations at the edges of the network, where it is created, maintained, consumed and protected. Information is then shared based on the preferences of the patient and their provider.

With a practical, operational approach and having a low barrier to entry, our NHIN prototype is an ideal, self-sustaining implementation model that provides a neutral platform for innovation, growth, effectiveness and trust.

2.2 IBM Prototype Demonstration Independence B

Moderator: *Ginny Wagner, IBM Federal, NHIN Project Executive*

Use Case Moderators: *Houtan Aghili, IBM NHIN Chief Architect*
Richard Steen, IBM NHIN Business Lead

Presenters: *Beth Hurter, CapMed PHR*
Matthew Excell, Probability Forge (OpenEMR)
Sonja Baro, McKesson (McKesson Horizon)
George Cole, Allscripts

This session will lead the audience through two very different demonstrations of IBM's NHIN Architecture Prototype. The audience will first ***experience a complete logical information flow through the NHIN*** by seeing a single patient scenario that crosses all three use cases (PHR, EHR, and BioSurveillance). IBM will then switch to a demonstration of live patient data for specific components of the PHR and EHR use cases. The audience will ***experience the NHIN as a patient, physician, hospital practioner, and employee of the State Department of Health.***Live patients have volunteered the use of their personal data so that the audience may see how the NHIN works in real illness-related episodes, as patient

data flows from the PHR, to the physicians EMR, to the reference laboratory, and even to the hospital EMR. The BioSurveillance Use Case will be demonstrated as individual patient information stored in a data repository is de-identified and and transmitted to the New York State Dept of Health, along with hospital utilization data.

Vendor Products Utilized in the IBM Demo: Initiate, CapMed, HealthVision, LabCorp, Spectrum Lab, AllScripts, SureScripts, McKesson, Meditech, GE Healthcare, OpenEMR (PossibilityForge), and IBM middleware.

Healthcare Marketplaces: THINC (RHIO in the Taconic area of New York State); Rockingham County, North Carolina and Danville, Virginia; Research Triangle/Pinehurst of North Carolina.

Hospitals:

Research Triangle: Duke University Health System, FirstHealth of the Carolinas

Rockingham County, NC and Danville, VA: Morehead Memorial Hospital, Moses Cone Health System

THINC: Vassar Brothers Medical Center, Kingston Hospital, St. Francis Hospital

Demo One: First, all three use cases will be demonstrated through use of a single patient scenario, with access of patient records across all three healthcare marketplaces: Patient Patricia Walker will establish a Personal Health Record from her home in Poughkeepsie, NY, and will pull in her medication history, recent lab results, and her blood sugar readings from a home biologic monitoring device. Through use of the NHIN, she will make this information available to her physicians and to her daughter. North Carolina physicians will gain access to her previous lab results and Patricia's published PHR summary through the NHIN. Due to a disturbing trend of influenza diagnoses from the Emergency Rooms around the state, her information is grouped with other patient results, the information is de-identified and transmitted to the North Carolina State Department of Health along with Emergency Department utilization data.

Demo Two: IBM will then switch to a demonstration of live patient data flowing through the NHIN from hospitals

and physician practices within healthcare community through the NHIN for specific components of the PHR and EHR use cases. The BioSurveillance use case will be demonstrated by showing the data flow and clinical and utilization data captured through the NHIN.

4:30pm – 5:30pm *Break*

5:30pm – 7:00pm *Informal, interactive demonstration sessions with the Consortia*

Accenture Demonstration	Independence I
Northrop Grumman Demonstration	Independence E
Computer Sciences Corporation Demonstration	Independence F
IBM Demonstration	Independence B

Friday, January 26, 2007

8:00 am – 9:00am *Registration* Independence Foyer

9:00am – 10:30am *Business Model Plenary Session* Independence Ballroom A

Moderator: John Glaser, PhD, Vice-President and Chief Information Officer, Partners HealthCare System, Inc.

Overview and Context of Business Models for NHIN

John Glaser, PhD, Vice-President and Chief Information Officer, Partners HealthCare System, Inc.

Consortia Presentations of Business Models

Scott Cullen, MD, Clinical Architect, NHIN Prototype, Accenture
J. Marc Overhage, MD, PhD, FACP, FACMI, President and CEO, Indiana Health Information Exchange, Professor of Medicine, Indiana University School of Medicine, Director, Regenstrief Institute, representing Computer Sciences Corporation
Richard Steen, IBM NHIN Business Lead
Robert M. Cothren, PhD, Chief Scientist, Health Solutions, Northrop Grumman

10:30am – 10:45am *Break* Independence Foyer

10:45am – 12:30pm *Business Model Plenary Session (continued)* Independence Ballroom A

Business Models from the State/Regional Health Information Exchange Perspective

Victoria M. Prescott, Esq., General Counsel and Business Development Specialist, Regenstrief Institute, Inc.
Micky Tripathi, PhD MPP, President and CEO, Massachusetts eHealth Collaborative
Laura Adams, President and CEO, Rhode Island Quality Institute

Reactor Panel

Stephen T. Parente, Associate Professor, Department of Finance, Carlson School of Management, University of Minnesota
Victoria M. Prescott, Esq., General Counsel and Business Development Specialist, Regenstrief Institute, Inc.
Micky Tripathi, PhD MPP, President and CEO, Massachusetts eHealth Collaborative
Laura Adams, President and CEO, Rhode Island Quality Institute
Scott Cullen, MD, Clinical Architect, NHIN Prototype, Accenture
Will Ross, Technical Project Manager, MendocinoHRE
Richard Steen, IBM NHIN Business Lead
Robert M. Cothren, PhD, Chief Scientist, Health Solutions, Northrop Grumman

Closing Remarks

John W. Loonsk, MD, Director, Office of Interoperability and Standards, Office of the National Coordinator for Health Information Technology